



SKATE AUSTRALIA Inc

COMMISSIONED ARTISTIC OFFICIALS' COMMITTEE

pwallace7@bigpond.com

TECHNICAL SPECIALIST - NEW COMMISSION APPLICATION – ATTACHMENT 1_1

PLEASE ENSURE THAT ALL REQUIRED INFORMATION IS PROVIDED - PARTIAL SUBMISSIONS WILL NOT BE ACCEPTED

<u>APPLICANT'S INFORMATION</u>									
Full Name									
Address									
Telephone				Date of Birth					
Email				SA No					
Club				Chapter Panel					
Class of SA Membership		<input type="checkbox"/> Competitive		<input type="checkbox"/> Development		<input type="checkbox"/> Associate		<input type="checkbox"/> Life	
<u>COMMISSION/S APPLIED FOR (Circle appropriate level)</u>									
Couples Dance		TS			Free Skating			TS	
Solo Dance		TS			Free Skating Pairs			TS	
Precision		TS			Inline Free Skating			TS	
<u>COMMISSIONS CURRENTLY HELD (Circle appropriate level)</u>									
TC = Technical Controller					TS = Technical Specialist				
Couples Dance	B	S	G	TC	TS	Show	G		
Solo Dance	B	S	G	TC	TS	Referee	G		
Dance (up to 2020)	B	S	G			Calculating	1	2	
Free Skating	B	S	G	TC	TS				
Pairs	B	S	G	TC	TS	Event Manager	EM		
Figures	B	S	G			Data Operator	DO		
Precision	G			TC	TS				
Inline	B	S	G	TC	TS				

Signed _____
Candidate

Date _____

State Panel Chair

**Approval for commission to proceed
National CAOC Chair**

Signed: _____

Signed: _____
Pat Wallace

Name: _____
(Print name)

Date: _____

Date: _____



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APPLICANT'S INFORMATION

Full Name	
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Telephone		Date of Birth	
Email		SA No	

<input type="checkbox"/> Commission being assessed:	
<input type="checkbox"/> On-Line Course – Theory completed	<input type="checkbox"/> Practical Assessment completed
<input type="checkbox"/> General Principles Certificate received	<input type="checkbox"/> Code of Ethics received
<input type="checkbox"/> Course registration fee of \$20.00 into SA AAC account	<input type="checkbox"/> Judge's commission required for TS qualification
<input type="checkbox"/> Current "working with children" verification	

I confirm _____ has completed all requirements of
(Name of Candidate)

_____ for the discipline of _____
(Tech Specialist OR Tech Controller) (Name of Discipline)

and I recommend that the commission be awarded.

CHIEF EXAMINER

Name		Qualification	
SA Number		Accreditation Expiry	
Course Presenter's Course	YES NO		
Signature:		Date:	

Final approval of commission by National CAOC Chair

Signed: _____
Pat Wallace

Date: _____